

Operational Policy and Procedures

| Policy: Reviews of Medicaid Initial PRTF Screen Dispositions P | Performed by a CMHC |
|---|----------------------------|
| Commission: Community Services and Programs | Policy Number: BHS/MCO 501 |
| Contact: Community Services and Programs Commissioner | |
| Status: Approved | Date Approved: 06/12/13 |
| Date Reviewed/Revised: | Effective Date: 06/12/13 |
| Division: Behavioral Health Services / MH | Page: Page 1 of 2 |

POLICY: The Kansas Department for Aging and Disability Services (KDADS) requires that Community Mental Health Centers (CMHC) and Managed Care Organizations (MCO) adopt internal policy and procedures to process reviews in accordance with KDADS policies and procedures. CMHCs and MCOs will ensure the right to review is upheld and that requests for reviews are processed and resolved quickly.

PURPOSE: To establish processes for reviewing PRTF screen dispositions involving Medicaid or Medicaid eligible members.

PROCEDURE:

A. Reviews

- 1) Reviews may be requested by the parent/guardian, child welfare contract worker employed by an entity under contract with Department for Children and Families (DCF), or Juvenile Justice Authority (JJA) case manager. Review requests must be made in writing and within five (5) business days of the date of disposition. While the review is pending, the Community Based Services Plan shall be implemented.
- 2) The reviews notification will include applicable appeals information including information related to the member's right to request a state fair hearing through the Office of Administrative Hearings.
- 3) Review requests received more than five (5) business days from the date of disposition will result in an administrative denial by the MCO.
- 4) A final decision on the review will be made by an MCO physician within five (5) business days of receipt of all requested supporting documentation.
- 5) The entire review process shall be completed within ten (10) business days from the date the request for review is received.



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B. MCOs and CMHCs

- 1) CMHCs will provide notification of the right to review in writing.
- 2) Copies of review and appeal policies will be made available, upon request, to any patient (consumer/member), provider, or facility rendering service.
- 3) Upon receipt of the request for review the MCO will contact the CMHC for a copy of the records. This includes Community Based Service Team meeting notes, the Screen, and any other documentation deemed relevant. The MCO may seek additional information from the member/family and from other service providers.
 - a. The MCO agent shall consider all information received during the review regardless of whether the information was included in the initial disposition.
- 4) A final decision will be rendered by an MCO physician within five (5) business days of receipt of requested documentation.
- 5) Written notification of the MCO physician's decision shall be provided to the individual who requested the review with a copy to the member/family, the CMHCs and KDADS Behavioral Health Services division.

Approved by:

Behavioral Health Director

Community Services and Programs Commissioner

Community Services and Programs Commissioner

Community Services and Programs Commissioner

Constant Programs Commissioner

Date

Constant Programs Commissioner

Date